

2004 DESE MO COMBINED SURVEY

1. How old are you?

- 10 11 12 13 14
 15 16 17 18 19 or older

2. What grade are you in?

- 6th 7th 8th 9th
 10th 11th 12th

3. Are you: Female Male

4a. Are you Hispanic or Latino? Yes No

4b. Which of the following best describes you? **(Choose only one)**

- White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

4c. What is the language you use most often at home?

- English Spanish Other

5. How much education does your father have?

- He did not finish High School He graduated from High School
 He had some education after High School He graduated from College
 Not Sure

6. How much education does your mother have?

- She did not finish High School She graduated from High School
 She had some education after High School She graduated from College
 Not Sure

7. Putting it all together, how were your grades last year?

- Mostly F's Mostly D's
 Mostly C's Mostly B's
 Mostly A's

8. *During the LAST FOUR WEEKS,...* None 1 2 3 4-5 6-10 11 or more

a. How many whole days have you missed because of illness?

b. How many whole days have you missed because you skipped or cut?

c. How many whole days have you missed for other reasons?

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9. In my school, students have lots of chances to help decide things like class activities and rules.
NO! no yes YES!
10. Teachers ask me to work on classroom projects. NO! no yes YES!
11. My teacher(s) notices when I am doing a good job and lets me know about it. NO! no yes YES!
12. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
NO! no yes YES!
13. There are lots of chances for students in my school to talk with a teacher one-on-one.
NO! no yes YES!
14. The school lets my parents know when I have done something well. NO! no yes YES!
15. My teachers praise me when I work hard in school. NO! no yes YES!
16. Are your school grades better than the grades of most students in your class? NO! no yes YES!
17. I have lots of chances to be part of class discussions or activities. NO! no yes YES!
18. How often do you feel that the school work you are assigned is meaningful and important?
 Never Sometimes Almost Always
 Seldom Often
19. How interesting are most of your courses to you?
 Very interesting and stimulating Slightly dull
 Quite interesting Very dull
 Fairly interesting
20. How important do you think the thing you are learning in school are going to be for you later in life?
 Very important Slightly important
 Quite important Not at all important
 Fairly important
21. Now thinking back over the past year in school, how often did you:
a. enjoy being in school?
 Never Seldom Sometimes Often Almost always

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- b. hate being in school?
 Never Seldom Sometimes Often Almost always
- c. try to do your best work at school?
 Never Seldom Sometimes Often Almost always

PEER INFLUENCES

22. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: None 1 2 3 4
- a. Smoked cigarettes
 - b. Tried Beer, wine or hard liquor (for example, vodka, whisky, or gin) when their parents did not know about it
 - c. Used Marijuana
 - d. Used LSD, Cocaine, amphetamines, or other illegal drugs
 - e. Been suspended from school
 - f. Carried a gun (other than for hunting or sport)
 - g. Sold illegal drugs
 - h. Stolen or try to steal a motor vehicle such as a car or motorcycle
 - i. Been arrested
 - j. Been members of a gang
23. How old were you when you first
- | | | | | | | | | | | | |
|------------|--------------|---|----|----|----|----|----|----|----|----|-------------|
| Never have | 8 or Younger | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 or older |
|------------|--------------|---|----|----|----|----|----|----|----|----|-------------|
- a. smoked marijuana?
 - b. smoked a cigarette even just a puff?
 - c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
 - d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - e. got suspended from school
 - f. got arrested
 - g. carried a gun
 - h. belonged to a gang
 - i. attacked someone with the serious idea of hurting them

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How wrong do you think it is for someone your age to:

Very wrong Wrong A little bit wrong Not wrong at all

- a. steal anything worth more than \$5.00?
- b. pick a fight with someone?
- c. attack someone with the idea of seriously hurting them?
- d. stay away from school all day when their parents think they are at school?
- e. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- f. smoke cigarettes
- g. smoke marijuana?
- h. use LSD, cocaine, amphetamines, or another illegal drug?
- i. use methamphetamine, club drugs, or ecstasy?

25. I ignore rules that get in my way. NO! no yes YES!

26. It is all right to beat up people if they start the fight. NO! no yes YES!

27. It is important to be honest with your parents, even if they become upset or you get punished.

Very false Somewhat false Somewhat true Very true

28. I do the opposite of what people tell me, just to get them mad. NO! no yes YES!

29. I think it is okay to take something without asking if you can get away with it. NO! no yes YES!

30. How many times have you done the following things?

Once a week or more	2 or 3 times a month
About once a month	Less than once a month
I've done it, but not in the past year	Never

- a. Done what feels good no matter what.
- b. Done something dangerous because someone dared you to do it.
- c. Done crazy things even if they are a little dangerous.

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31. How many times in the past year (the last 12 months) have you:

- 1 – 2 times 3-5 times
- 6-9 times 10-19 times
- 20-29 times 30-39 times
- 40 or more times

- a. Been arrested
- b. Been in a physical fight
- c. Used any weapon to threaten or bully someone
- d. Been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around**
- e. Been threatened or injured with a weapon, such as a gun, knife, or club**
- f. Seen someone carrying a gun, knife or other weapon.
- g. Been suspended from school?
- h. Sold illegal drugs?
- i. Stolen or tried to steal a motor vehicle such as a car or a motorcycle?
- j. Been drunk or high at school?
- k. Taken a gun to school?

32. What are the chances you would be seen as cool if you

- Very good chance Pretty good chance
- Some chance Little chance
- None or very little chance

- a. smoked cigarettes?
- b. began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- c. smoked marijuana?
- d. carried a gun (other than for hunting or sport)?

33. I think sometimes it is okay to cheat at school. NO! no yes YES!

34. I like to see how much I can get away with.

- Very false Somewhat true
- Somewhat false Very true

35. How much do you think people risk harming themselves (physically or in other ways) if they:

- No Risk Slight Risk Moderate Risk Great Risk

- a. smoke one or more packs of cigarettes per day?
- b. try marijuana once or twice/
- c. smoke marijuana regularly?
- d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- e. use ecstasy occasionally (more than once or twice)

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42. During the past 30 days, on how many days did you smoke cigarettes on school property?

0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days
20 to 29 days All 30 days

43. Have you ever tried to quit smoking cigarettes? Yes No

44. During your life, how many times have you had at least one drink of alcohol?

0 times 1-2 times 3-5 times
6-9 times 10-19 times 20-39 times
40 or more times

45. During your life, on how many days have you had at least one drink of alcohol?

0 days 1 or 2 days 3 to 9 days
10 to 19 days 20 to 39 days 40 to 99 days
100 or more days

46. During the past 30 days, how many times have you had at least one drink of alcohol?

0 times 1-2 times 3-5 times
6-9 times 10-19 times 20-39 times
40 or more times

47. During the past 30 days, on how many days did you have at least one drink of alcohol?

0 days 1 or 2 days
3 to 5 days 6 to 9 days
10 to 19 days 20 to 29 days All 30 days

48. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

None Once Twice
3-5 times 6-9 times 10 or more times

49. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

0 days 1 or 2 days 3 to 5 days 6 to 9 days
10 to 19 days 20 to 29 days All 30 days

50. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

0 times 1 time 2 or 3 times 4 or 5 times 6 or more times

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51. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
0 times 1 time 2 or 3 times 4 or 5 times 6 or more times

52. How many times (if any) have you used marijuana in your lifetime?
0 times 1-2 times 3-5 times
6-9 times 10-19 times 20-39 times
40 or more times

53. How many times (if any) have you used marijuana during the past 30 days?
0 times 1-2 times 3-5 times
6-9 times 10-19 times 20-39 times
40 or more times

54. During the past 30 days, how many times did you use marijuana on school property?
0 times **1 or 2 times**
3 to 9 times **10 to 19 times**
20 to 39 times **40 or more times**

55. How many times (if any) have you used LSD or other psychedelics in your lifetime?
0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

56. How many times (if any) have your used LSD or other psychedelics during the past 30 days?
0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

57. How many times have you used crack or freebase forms of cocaine in your lifetime?
0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

58. How many times did you use any form of cocaine, including powder, crack, or freebase during the past 30 days?
0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

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59. How many times (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

60. How many times (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

61. How many times (if any) have you taken speed, amphetamines, or meth in your lifetime?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

62. How many times (if any) have you taken speed, amphetamines, or meth during the past 30 days?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

63. How many times (if any) have you used derbisol in your lifetime?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

64. How many times (if any) have you used derbisol during the past 30 days?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

65. How many times (if any) have you used **ecstasy or other club drugs** (e.g., GHB, Rohypnol, ketamine) in **your lifetime**?

0 times	1 or 2 times
3 to 9 times	10 to 19 times
20 to 39 times	40 or more times

66. How many times (if any) have you used ecstasy or other club drugs (e.g., GHB, Rohypnol, ketamine) during the past 30 days?

0 times	1 or 2 times
3 to 9 times	10 to 19 times

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20 to 39 times 40 or more times

67. How many times (if any) have you taken steroid pills or shots, without a doctor's prescription in your lifetime?

0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

68. How many times (if any) have you used other illegal drugs in your lifetime?

0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

69. How many times (if any) have you used other illegal drugs during the past 30 days?

0 times 1 or 2 times
3 to 9 times 10 to 19 times
20 to 39 times 40 or more times

70. How many times have you used a needle to inject any illegal drug into your body in your lifetime?

0 times
1 time
2 or more times

COMMUNITY-BASED PERCEPTIONS

71. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

Very hard Sort of hard
Sort of easy Very easy

72. If you wanted to get some cigarettes, how easy would it be for you to get some?

Very hard Sort of hard
Sort of easy Very easy

73. If a kid smoked marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?
NO! no yes YES!

74. If you wanted to get drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Very hard Sort of hard
Sort of easy Very easy

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75. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?
NO! no yes YES!

76. If you wanted to get a gun, how easy would it be for you to get one?
Very hard Sort of hard
Sort of easy Very easy

77. If you wanted to get some marijuana, how easy would it be for you to get some?
Very hard Sort of hard
Sort of easy Very easy

78. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?
NO! no yes YES!

79. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:
Very Wrong Wrong A little Bit Wrong Not Wrong at All
a. to use marijuana?
b. to drink alcohol?
c. to smoke cigarettes?

80. About how many adults have you known personally who in the past year have:
None 1 adult 2 adults 3 or 4 adults 5 or more adults
a. used marijuana, crack, cocaine, or other drugs?
b. sold or dealt drugs?
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
d. gotten drunk or high?

81. If I had to move, I would miss the neighborhood I now live in. NO! no yes YES!

82. My neighbors notice when I am doing a good job and let me know about it. NO! no yes YES!

83. I like my neighborhood, or the area around where I live. NO! no yes YES!

84. There are a lot of adults in my neighborhood I could talk to about something important. NO! no yes YES!

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85. How much do each of the following statements describe your neighborhood, or the area around where you live? NO! no yes YES!

- a. crime and/or drug selling
- b. fights
- c. lots of empty or abandoned buildings
- d. lots of graffiti

86. People move in and out of my neighborhood a lot. NO! no yes YES!

87. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well. NO! no yes YES!

88. Which of the following activities for people your age are available in your community?

- a. sports teams Yes No
- b. scouting Yes No
- c. boys and girls clubs Yes No
- d. 4-H clubs Yes No
- e. service clubs Yes No

89. Have you changed schools in the past year (the last 12 months)? No Yes

90. There are people in my neighborhood, or the area around where I live, who encourage me to do my best. NO! no yes YES!

THE NEXT QUESTIONS ASK ABOUT YOUR FAMILY.

For the following questions, if you consider more than one person your “father” or “mother” (e.g., a step parent or foster parent), please answer these questions of the father or mother you currently live with MOST of the time.

91. How wrong do your parents feel it would be for you to:

Very Wrong Wrong A little Bit Wrong Not Wrong at All

- a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
- b. smoke cigarettes?
- c. smoke marijuana?
- d. steal anything worth more than \$5.00?
- e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
- f. pick a fight with someone?

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92. Have any of your brothers or sisters ever:

No Yes I don't have any brothers or sisters

- a. Drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- b. smoked marijuana?
- c. smoked cigarettes?
- d. taken a gun to school?
- e. been suspended or expelled from school?

93. The rules in my family are clear. NO! no yes YES!

94. Has anyone in your family ever had a severe alcohol or drug problem? No Yes

95. When I am not at home, one of my parents knows where I am and who I am with. NO! no yes YES!

96. We argue about the same things in my family over and over. NO! no yes YES!

97. My parents want me to call if I am going to be late getting home. NO! no yes YES!

98. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? NO! no yes YES!

99. My family has clear rules about alcohol and drug use. NO! no yes YES!

100. If you carried a gun without your parents' permission, would you be caught by your parents?
NO! no yes YES!

101. If you skipped school without your parents' permission, would you be caught by your parents?
NO! no yes YES!

102. My parents notice when I am doing a good job and let me know about it.

Never or almost never Sometimes
Often All the time

103. My parents ask me what I think before most family decisions affecting me are made. NO! no yes YES!

104. How often do your parents tell you that they are proud of you for something you have done?

Never or almost never Sometimes
Often All the time

105. If I had a personal problem, I could ask my mom or dad for help. NO! no yes YES!

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106. My parents give me lots of chances to do fun things with them. NO! no yes YES!

107. My parents ask if I have gotten my homework done. NO! no yes YES!

108. People in my family have serious arguments. NO! no yes YES!

109. Would your parents know if you did not come home on time? NO! no yes YES!

110. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

0 days 1 day 2 or 3 days 4 or 5 days 6 or more days

111. During the past 12 months, did you ever seriously consider attempting suicide? Yes No

112. During the past 12 months, did you make a plan about how you would attempt suicide? Yes No

113. During the past 12 months, how many times did you actually attempt suicide?

0 times 1 time 2 or 3 times 4 or 5 times 6 or more times

114. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

I did not attempt suicide during the past 12 months Yes No

115. How important were these questions?

Not too important Fairly important Important Very important

116. How honest were you in filling out this survey?

I was very honest I was honest pretty much of the time

I was honest some of the time I was honest once in a while

I was not honest at all

*******DESE: AGE OF INITIATION
CATEGORIES**

8 years old or younger	10 years old	11 or 12 years old
13 or 14 years	15 or 16 years old	17 years old or older

QUESTIONS:

20. How old were you when you smoked a whole cigarette for the first time?
24. How old were you when you first started smoking cigarettes regularly (at least one cigarette every day for 30 days)?
27. How old were you when you had your first drink of alcohol other than a few sips?
31. How old were you when you tried marijuana for the first time?
34. How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?